



EX PARTE OR LATE FILED

ORIGINAL

Kathleen Q. Abernathy
Vice President
Federal Regulatory

AirTouch Communications
1818 N Street N.W.
Suite 800
Washington, DC 20036

Telephone: 202 293-4960
Facsimile: 202 293-4970

March 28, 1995

EX PARTE

Mr. William F. Caton
Acting Secretary
Federal Communications Commission
1919 M Street, NW, Room 222
Washington, DC 20554

RECEIVED

MAR 28 1995

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF SECRETARY

RE: Equal Access and Interconnection Obligations Pertaining
to Commercial Mobile Radio Services (CC Docket No. 94-54).

Dear Mr. Caton:

DOCKET FILE COPY ORIGINAL

The attached material was distributed on behalf of AirTouch Communications. Please associate this material with the above-referenced proceeding.

Two copies of this notice are being submitted to the Secretary in accordance with Section 1.1206(a)(1) of the Commission's Rules.

Please stamp and return the provided copy to confirm your receipt. Please contact me at 202-293-4960 should you have any questions or require additional information concerning this matter.

Sincerely,

Kathleen Q. Abernathy

Attachment

No. of Copies rec'd OH
List A B C D E



David A. Gross
Washington Counsel

AirTouch Communications
1818 N Street N.W.
Suite 800
Washington, DC 20036

Telephone: 202 293-4955
Facsimile: 202 293-4970

March 28, 1995

Mr. John Cimko, Jr.
Chief, Policy Division
Wireless Telecommunications Bureau
Federal Communications Commission
1919 M Street, NW, Room 644
Washington, DC 20554

RE: Equal Access and Interconnection Obligations Pertaining
to Commercial Mobile Radio Services (CC Docket No. 94-54).

Dear Mr. Cimko:

As you are aware, for some time Pacific Bell has been urging the Federal Communications Commission to require cellular facilities-based carriers, including AirTouch Communications, to load PCS carrier NXX codes onto cellular switches and then allow those codes to be transferred to Pacific Bell's future PCS facilities. Pacific Bell had requested that the FCC order AirTouch to provide this type of cellular resale arrangement because Pacific Bell claimed that such an arrangement was necessary to promote wireless competition. However, you should know that earlier this month Pacific Bell informed AirTouch that it is no longer interested in obtaining such services from AirTouch because it intends to build out its PCS network quickly and thereby provide facilities-based wireless services directly to consumers in the very near future. This development underscores AirTouch's position that there is no need for FCC intervention regarding such matters because actual and potential facilities-based wireless competition results in marketplace solutions for such reseller issues.

If you have any questions regarding this matter, please do not hesitate to contact either Kathleen Q. Abernathy or me.

Sincerely,

David A. Gross

cc: William F. Caton, Acting Secretary (ex parte file)
Myron C. Peck
Michael Wack
James P. Tuthill

OFFICE USE ONLY

Date Received

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORKAPPLICATION FOR GRADUATE,
PROFESSIONAL, AND GENERAL STUDIES
STUDENT ACCOMMODATIONS
FOR THE ACADEMIC YEAR 1995-1996Please follow the instruction sheet for completing this form.
TYPE OR PRINT LEGIBLY

OFFICE USE ONLY

Status N C

Zone 1 2 3

I-H Y N

Coded

Input

APPLICANT INFORMATION

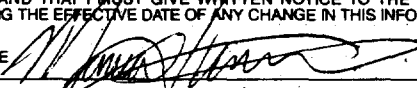
LAST (FAMILY) NAME		FIRST		MIDDLE INITIAL		U.S. SOCIAL SECURITY NO.	
STANM		MONICA		J		01165015823	
SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> COUPLE <input type="checkbox"/> CHILDREN		USE CORRECT CODE C.U. SCHOOL ILIAlw		DEGREE: <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> D <input checked="" type="checkbox"/>	
FIRST TERM REGISTERED FOR THIS DEGREE: 1995 <input checked="" type="checkbox"/> AUTUMN <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER				GRADUATION EXPECTED: 1998 <input checked="" type="checkbox"/> MAY <input type="checkbox"/> OCT <input type="checkbox"/> FEB			
RESIDENCE PERIOD (CHECK AND COMPLETE ONLY ONE): <input checked="" type="checkbox"/> ACADEMIC YEAR 1995-1996 <input type="checkbox"/> SPRING TERM 1996							
ASSIGNMENT PREFERENCE (CHECK ONLY ONE):							
<input checked="" type="checkbox"/> PREFER REAL ESTATE MANAGEMENT PROPERTIES <input type="checkbox"/> PREFER UNIVERSITY RESIDENCE HALLS							
PERMANENT MAILING ADDRESS							
NUMBER AND STREET						FOR OFFICE USE ONLY	
56 WASHINGTON AVE							
CITY		STATE		COUNTRY		ZIP	
Burlington		MA				01803	
AREA CODE & TELEPHONE NO.						(617) 293-0641	
CURRENT MAILING ADDRESS							
VALID UNTIL		NUMBER AND STREET				FAX TELEPHONE NO.	
7/31/1995		1619 R St NW #504				(202) 293-4970	
CITY		STATE		COUNTRY		ZIP	
Washington		DC				20009	
AREA CODE & TELEPHONE NO.						(202) 232-5250	
SPECIAL REQUIREMENTS							
INDICATE ANY DISABILITY OR ILLNESS THAT MIGHT AFFECT YOUR ASSIGNMENT. MEDICAL DOCUMENTATION MAY BE REQUIRED.							
IS WHEELCHAIR ACCESS REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
DIRECTORIES							
MAY YOUR UNIVERSITY RESIDENCE ADDRESS AND PHONE NUMBER BE INCLUDED IN UNIVERSITY DIRECTORIES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							

COMPLETE BOTH THE UNIVERSITY RESIDENCE HALLS ASSIGNMENT INFORMATION BELOW
AND THE REAL ESTATE MANAGEMENT ASSIGNMENT INFORMATION ON THE REVERSE

UNIVERSITY RESIDENCE HALLS ASSIGNMENT INFORMATION

RATE FOR RESIDENCE PERIOD CHECKED ABOVE: Preferred \$ none		Maximum Acceptable \$ none	
HALL (INDICATE BY NAME THE ORDER OF YOUR PREFERENCES):			
1. EAST CAMPUS		2. Harmony Hall	
3. Fairham			
ACCOMMODATION (CHECK YOUR PREFERENCES): <input type="checkbox"/> SMOKER <input checked="" type="checkbox"/> NON-SMOKER			
<input type="checkbox"/> Coed <input type="checkbox"/> Non-Coed <input checked="" type="checkbox"/> Single Room <input type="checkbox"/> Shared Room <input checked="" type="checkbox"/> Shared Apartment or Suite			
COUPLES ACCOMMODATION APPLICANTS PLEASE COMPLETE THIS SECTION			
FULL NAME OF PARTNER: none			
BE ADVISED THAT STUDENTS WITH CHILDREN AND COUPLES ARE NOT ELIGIBLE FOR UNIVERSITY RESIDENCE HALLS ACCOMMODATIONS. THOSE STUDENTS SHOULD COMPLETE THE REM ASSIGNMENT INFORMATION FORM ON THE REVERSE SIDE.			
COMMENTS: IF I am assigned a suite, I would be interested in one of the larger rooms which are more expensive			

DECLARATION

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL BE A FULL-TIME ENROLLED STUDENT AT COLUMBIA DURING THE RESIDENCE PERIOD FOR WHICH I AM APPLYING. I UNDERSTAND THAT I MUST GIVE WRITTEN NOTICE TO THE ASSIGNMENTS OFFICE NOT LATER THAN 10 DAYS FOLLOWING THE EFFECTIVE DATE OF ANY CHANGE IN THIS INFORMATION.		FOR OFFICE USE ONLY	
SIGNATURE 		DATE 3/14/95	
WHEN COMPLETED RETURN THIS APPLICATION TO: ASSIGNMENTS OFFICE, 111 WALLACH, COLUMBIA UNIVERSITY, NEW YORK, NY 10027 NO PAYMENT SHOULD ACCOMPANY APPLICATION		Blog _____ Room _____ Offered _____ Due _____ REM Sent _____ REM Returned _____	

REM ASSIGNMENT INFORMATION

REM does not discriminate on the basis of race, religion, sexual orientation, or national or ethnic origin.

LAST (FAMILY) NAME FIRST MIDDLE INITIAL U.S. SOCIAL SECURITY NO.
 S + A M M MONICA J 016505873

SEX ☐ M ☒ F ☐ SINGLE ☐ COUPLE ☐ CHILDREN USE CORRECT CODE C.U. SCHOOL LAW DEPARTMENT DEGREE: ☐ B ☐ M ☐ D ☒ J

ANTICIPATED GRADUATION: 1995 ☒ MAY ☐ OCT ☐ FEB ARE YOU A SMOKER? ☐ YES ☒ NO

CURRENT MAILING ADDRESS

VALID UNTIL NUMBER AND STREET FOR OFFICE USE ONLY
 7/31/95 1619 R St. NW #504

CITY STATE COUNTRY ZIP AREA CODE & TELEPHONE NO.
 Washington DC 20009 (202) 232-5250

FULL NAME OF PARTNER (IF APPLICABLE): NONE AGES OF CHILDREN: NONE

Check one only:

☒ I wish to participate in the In-Person Selection (see brochure).

Date my CU program begins: 8/24/95

My preferences are indicated below.

☐ Please assign me an accommodation based on my preferences as indicated below. Preferred date to move into REM unit: 8-14-95

Please indicate by number (1, most preferred) the order of your preferences; mark any unacceptable choices with a 9.

TYPE OF ACCOMMODATION

2 Apartment share (Private bedroom) ☐ Coed ☒ Non-Coed
 9 Single suite room (billed by term) ☐ Coed ☐ Non-Coed
 9 Shared suite room (billed by term) (two students in room)
 1 Studio apartment (limited availability)
 9 One-bedroom apartment (priority is given to couples)

STUDENTS WITH CHILDREN

9 Two-bedroom apartment
 9 Three-bedroom apartment

MONTHLY RATE RANGE PER RESIDENT

FURNISHED	UNFURNISHED
<input type="checkbox"/> \$480-595	<input checked="" type="checkbox"/> \$460-570
<input type="checkbox"/> \$415-530	N/A
<input type="checkbox"/> \$315-365	N/A
<input type="checkbox"/> \$650-870*	<input checked="" type="checkbox"/> \$630-870
<input type="checkbox"/> \$830-1,000*	<input type="checkbox"/> \$760-1,025
*Limited availability	
N/A	<input type="checkbox"/> \$ 910-1,200
N/A	<input type="checkbox"/> \$1,025-1,250

Please write below any comments that you think might assist in assigning you a suitable accommodation.

I would like to live as close to the law school as possible, preferably between 10th & 11th. An unfurnished apartment is a priority. I prefer an apartment near to another grad school. I would like to move during the 1st week of July.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

- Read this brochure before proceeding.
- Carefully detach this application form from the staples.
- Print legibly, or type.
- All applicants must fill out the Applicant Information section; write "None" where applicable.
 - If you are ineligible for a U.S. Social Security number, substitute your C.U. Identification number.
 - Use only an abbreviation listed below to indicate your C.U. School; abbreviate your department name as necessary.
- Check the box that signifies your degree program: B for Bachelor's, M for Master's, D for Doctoral, and J for J.D.
- Use only the state abbreviations shown below.
- If you have access to a FAX machine, indicate the telephone number.
- Complete both the University Residence Hall and Real Estate Management (REM) sections. Failure to complete all information in both sections may delay processing of your assignment.
- All applicants must sign the Declaration before returning the completed form.

C.U. SCHOOL ABBREVIATIONS

ALP American Language Program	ENG Engineering and Applied Science	SAS Graduate School of Arts and Sciences
ARC Architecture, Planning, and Preservation	GS. General Studies	SIA International and Public Affairs
ART School of the Arts	J Journalism	SLS Library Service
BUS Business	LAW Law	SW Social Work

STATE ABBREVIATIONS

Alabama AL	Georgia GA	Massachusetts MA	North Carolina NC	Texas TX
Alaska AK	Guam GU	Michigan MI	North Dakota ND	Utah UT
Arizona AZ	Hawaii HI	Minnesota MN	Ohio OH	Vermont VT
Arkansas AR	Idaho ID	Mississippi MS	Oklahoma OK	Virginia VA
American Samoa AS	Illinois IL	Missouri MO	Oregon OR	Virgin Islands VI
California CA	Indiana IN	Montana MT	Pennsylvania PA	Washington WA
Canal Zone CZ	Iowa IA	Nebraska NE	Puerto Rico PR	West Virginia WV
Colorado CO	Kansas KS	Nevada NV	Rhode Island RI	Wisconsin WI
Connecticut CT	Kentucky KY	New Hampshire NH	South Carolina SC	Wyoming WY
Delaware DE	Louisiana LA	New Jersey NJ	South Dakota SD	
District of Columbia DC	Maine ME	New Mexico NM	Tennessee TN	
Florida FL	Maryland MD	New York NY	Trust Territories TT	

For the year Jan. 1–Dec. 31, 1994, or other tax year beginning

, 1994, ending

, 19

OMB No. 1545-0074

Label

(See instructions on page 12.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign (See page 12.)

L
A
B
E
L

H
E
R
E

Your first name and initial

Monica J

Last name

STAMM

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 12.

1619 R St. NW

Apt. no.

504

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.

Washington, DC 20009

Your social security number

016-50-5823

Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.
	<input checked="" type="checkbox"/>	

Filing Status

(See page 12.)

Check only one box.

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 13.)

Exemptions

(See page 13.)

- 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.

- b ☐ Spouse

c Dependents:

(1) Name (first, initial, and last name)

(2) Check if under age 1

(3) If age 1 or older, dependent's social security number

(4) Dependent's relationship to you

(5) No. of months lived in your home in 1994

If more than six dependents, see page 14.

If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐

Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 15.

Enclose, but do not attach, any payment with your return.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7a	385727
8a	Taxable interest income (see page 15). Attach Schedule B if over \$400	8a	116
8b	Tax-exempt interest (see page 16). DON'T include on line 8a	8b	299
9	Dividend income. Attach Schedule B if over \$400	9	0
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 16)	10	0
11	Alimony received	11	0
12	Business income or (loss). Attach Schedule C or C-EZ	12	0
13	Capital gain or (loss). If required, attach Schedule D (see page 16)	13	462
14	Other gains or (losses). Attach Form 4797	14	0
15a	Total IRA distributions	15a	0
15b	Taxable amount (see page 17)	15b	0
16a	Total pensions and annuities	16a	0
16b	Taxable amount (see page 17)	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0
18	Farm income or (loss). Attach Schedule F	18	0
19	Unemployment compensation (see page 18)	19	0
20a	Social security benefits	20a	0
20b	Taxable amount (see page 18)	20b	0
21	Other income. List type and amount—see page 18	21	0
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	26598

Adjustments to Income

Caution: See instructions ▶

23a	Your IRA deduction (see page 19)	23a	0
23b	Spouse's IRA deduction (see page 19)	23b	0
24	Moving expenses. Attach Form 3903 or 3903-F	24	0
25	One-half of self-employment tax	25	0
26	Self-employed health insurance deduction (see page 21)	26	0
27	Keogh retirement plan and self-employed SEP deduction	27	0
28	Penalty on early withdrawal of savings	28	0
29	Alimony paid. Recipient's SSN ▶	29	0
30	Add lines 23a through 29. These are your total adjustments ▶	30	0

Adjusted Gross Income

31	Subtract line 30 from line 22. This is your adjusted gross income. If less than \$25,296 and a child lived with you (less than \$9,000 if a child didn't live with you), see "Earned Income Credit" on page 27 ▶	31	26598
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Tax Computation

(See page 23.)

- 32 Amount from line 31 (adjusted gross income) 32 26598
- 33a Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here 33a 0
- b If your parent (or someone else) can claim you as a dependent, check here 33b
- c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here 33c
- 34 Enter the larger of your: **Itemized deductions** from Schedule A, line 29, OR **Standard deduction** shown below for your filing status. But if you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero.
- Single—\$3,800
 - Head of household—\$5,600
 - Married filing jointly or Qualifying widow(er)—\$6,350
 - Married filing separately—\$3,175
- 34 3800
- 35 Subtract line 34 from line 32 35 22798
- 36 If line 32 is \$83,850 or less, multiply \$2,450 by the total number of exemptions claimed on line 6e. If line 32 is over \$83,850, see the worksheet on page 24 for the amount to enter 36 2450
- 37 **Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0- 37 20348
- 38 Tax. Check if from a ☒ Tax Table, b ☐ Tax Rate Schedules, c ☐ Capital Gain Tax Worksheet, or d ☐ Form 8615 (see page 24). Amount from Form(s) 8814 38 3049
- 39 Additional taxes. Check if from a ☐ Form 4970 b ☐ Form 4972 39 0
- 40 Add lines 38 and 39 40 3049

Credits

(See page 24.)

- 41 Credit for child and dependent care expenses. Attach Form 2441 41 0
- 42 Credit for the elderly or the disabled. Attach Schedule R 42 00
- 43 Foreign tax credit. Attach Form 1116 43 00
- 44 Other credits (see page 25). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) 44 0
- 45 Add lines 41 through 44 45 0
- 46 Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- 46 3049

Other Taxes

(See page 25.)

- 47 Self-employment tax. Attach Schedule SE 47 0
- 48 Alternative minimum tax. Attach Form 6251 48 0000
- 49 Recapture taxes. Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828 49 0000
- 50 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 50 0000
- 51 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 51 0000
- 52 Advance earned income credit payments from Form W-2 52 0000
- 53 Add lines 46 through 52. This is your total tax 53 3049

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

- 54 Federal income tax withheld. If any is from Form(s) 1099, check ☐ 54 3344
- 55 1994 estimated tax payments and amount applied from 1993 return 55 0
- 56 **Earned income credit.** If required, attach Schedule EIC (see page 27). Nontaxable earned income: amount 56 0
- 57 Amount paid with Form 4868 (extension request) 57 00
- 58 Excess social security and RRTA tax withheld (see page 32) 58 000
- 59 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 59 000
- 60 Add lines 54 through 59. These are your total payments 60 3344

Refund or Amount You Owe

- 61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID. 61 295
- 62 Amount of line 61 you want REFUNDED TO YOU. 62 295
- 63 Amount of line 61 you want APPLIED TO YOUR 1995 ESTIMATED TAX 63 0
- 64 If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. 64 0
- 65 Estimated tax penalty (see page 33). Also include on line 64 65 0

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date 2/5/95 Your occupation Research Assistant

Spouse's signature (if a joint return, BOTH must sign.) Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed ☐ Preparer's social security no.

Firm's name (or yours if self-employed) and address E.I. No.

ZIP code

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (8)

Capital Gains and Losses

- ▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).
▶ Use lines 20 and 22 for more space to list transactions for lines 1 and 9.

OMB No. 1545-0074

1994

Attachment
Sequence No. **12**

Name(s) shown on Form 1040

MONICA J STAMM

Your social security number

016 50 5823

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
1						
2 Enter your short-term totals, if any, from line 21	2					
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2	3					
4 Short-term gain from Forms 2119 and 6252, and short-term gain or (loss) from Forms 4684, 6781, and 8824	4					
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5					
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1993 Capital Loss Carryover Worksheet	6					
7 Add lines 1, 2, and 4 through 6, in columns (f) and (g)	7	()		
8 Net short-term capital gain or (loss). Combine columns (f) and (g) of line 7 ▶	8					

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

9	<i>10 Sh. PECO pf 75</i>	<i>12-1-83</i>	<i>9-15-94</i>	<i>1020 -</i>	<i>558 -</i>	<i>-</i>	<i>462 -</i>
10 Enter your long-term totals, if any, from line 23	10						
11 Total long-term sales price amounts. Add column (d) of lines 9 and 10	11	<i>1020 -</i>					
12 Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	12	<i>-</i>					
13 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	13	<i>-</i>					
14 Capital gain distributions	14						
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1993 Capital Loss Carryover Worksheet	15	<i>-</i>					
16 Add lines 9, 10, and 12 through 15, in columns (f) and (g)	16	(<i>-</i>)		<i>462 -</i>	
17 Net long-term capital gain or (loss). Combine columns (f) and (g) of line 16 ▶	17					<i>462 -</i>	

Part III Summary of Parts I and II

18 Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. Note: If both lines 17 and 18 are gains, see the Capital Gain Tax Worksheet on page 25	18	<i>462 -</i>
19 If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: a The (loss) on line 18; or b (\$3,000) or, if married filing separately, (\$1,500) Note: See the Capital Loss Carryover Worksheet on page D-3 if the loss on line 18 exceeds the loss on line 19 or if Form 1040, line 35, is a loss.	19	()

1 Wages, tips, other comp. 20674.53		2 Federal income tax withheld 2745.54	
3 Social security wages 20674.53		4 Social security tax withheld 1281.81	
5 Medicare wages and tips 20674.53		6 Medicare tax withheld 299.78	
a Control number 004267 VFZ	b Dept. 000384	c Corp. A	d Employer use only 418
e Employer's name, address, and ZIP code AIRTOUCH COMMUNICATIONS 2999 OAK ROAD M/S 750 WALNUT CREEK CA 94596 Batch #536			
b Employer's FED ID number 94-2995122		d Employee's SSA number 016-50-5823	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in box 1	
13 See Instrs. for box 13 C .72		14 Other	
15 Stat emp.	Deceased	Pension plan	Legal rep.
		X	942 emp.
Deferred comp.			
e/f Employee's name, address, and ZIP code MONICA J. STAMM 1619 "R" ST.NW APT. #504 WASHINGTON DC 20009			
16 State	Employer's state ID	17 State wages, tips, etc.	
DC	0191641-001	20674.53	
18 State income tax 1410.48		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax	
Employee Reference Copy W-2 Wage and Tax Statement 1994 Copy C for Employee's Records OMB No. 1545-0046			

1994 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

The following information reflects your final 1994 payrolls plus any adjustments submitted by your employer.

Gross Pay	20673.81	Social Security Tax Withheld	1281.81	DC State Income Tax	1410.48
		Box 4 of W-2		Box 18 of W-2	
Fed. Income Tax Withheld	2745.54	Medicare Tax Withheld	299.78	Box 14 of W-2	
Box 2 of W-2		Box 6 of W-2			

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	DC State Wages, Tips, Etc. Box 17 of W-2
Gross Pay	20,673.81	20,673.81	20,673.81	20,673.81
Plus GTL (C-Box 13)	0.72	0.72	0.72	0.72
Reported W-2 Wages	20,674.53	20,674.53	20,674.53	20,674.53

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

MONICA J. STAMM
1619 "R" ST.NW
APT. #504
WASHINGTON DC 20009

Social Security Number: 016-50-5823
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 1
STATE: 1

B Employer's identification number 38-1510762		1 Wages, tips, other comp. 5052.00		2 Federal income tax withheld 598.75	
C Employer's name, address and ZIP code KELLY SERVICES, INC. PO BOX 331179 DETROIT, MI. 48266-0051		3 Social security wages 5052.00		4 Social security tax withheld 313.22	
		5 Medicare wages and tips 5052.00		6 Medicare tax withheld 73.25	
		9 Advance EIC payment		10 Dependent care benefits	
D Employee's social security number 016-50-5823		11 Nonqualified plans		12 Benefits included in box 1	
E Employee's name, address and ZIP code 1911 MONICA J STAMM APT 504 1619 R ST NW WASHINGTON DC 20009-6423		13 See instrs. for box 13		14 Other	
		15 Statutory employee <input type="checkbox"/> Deceased Pension Plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> 942 Subtotal emp. <input type="checkbox"/> Deferred compensation <input type="checkbox"/>			
16 State Employer's state ID No. CA 109-4922 DC 54474	17 State wages, tips, etc. 576.00 4476.00	18 State income tax 12.93 288.33	19 Locality name CA VPDI	20 Local wages, tips, etc. 576.00	21 Local income tax 7.49